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7590 03/03/2004

Patent Counsel & Northrop Grumman Space & Mission
 TRW Inc. Systems Corp. SPACE TECHNOLOGY
 5201 Law Department, E1/2041
 One Space Park - Bldg. E1/2041
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Connie L. Schott (Depositor's name)
Connie L. Schott (Signature)
 April 9, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/886,765	06/21/2001	Dale L. Hook	11-1168	5915

TITLE OF INVENTION: HIGH ENERGY DYE CHEMICAL LASER GAIN GENERATOR AND RELATED METHOD FOR ITS FABRICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, ARMANDO	2828	372-089000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Noel F. Heal

2 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Northrop Grumman Corporation

Los Angeles, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 1 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1375 (enclose an extra copy of this form).

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(Authorized Signature) **Connie M. Thousand** (Date) 4-04
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